

FILED JUN 19 1957

## STANDARD CERTIFICATE OF DEATH

State File No. 20878

BIRTH NO.		REG. DIST. NO. 140		PRIMARY REG. DIST. NO. 30		Registrar's No. 49	
1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass			
b. CITY OR TOWN Fayette		c. LENGTH OF STAY (In this place) 6 mo		c. CITY OR TOWN Harrisonville		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jones Rest Haven				e. STREET ADDRESS (If rural, give location) 1204 Walnut St			
3. NAME OF DECEASED (Type or Print) ELIZABETH L SPICER		a. (First)		b. (Middle) L		c. (Last) SPICER	
4. DATE OF DEATH		a. (Month) Feb		b. (Day) 13		c. (Year) 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb 13 1872	
9. AGE (in years last birthday) 83		10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Organist		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Sweet Springs Mo. La	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME W. L. Hornberger		13b. MOTHER'S MAIDEN NAME Amanda McAnally		14. NAME OF HUSBAND OR WIFE Elizabeth Ruby Harrisonville Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Elizabeth Ruby Harrisonville Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 men 7 hrs Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 0 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		443x	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept 1, 1956, to June 3, 1957, that I last saw the deceased alive on May 15, 1957, and that death occurred at 4:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Annie J. Dean				23b. ADDRESS Fayette, Mo		23c. DATE SIGNED 6-4-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 5-1957		24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery		24d. LOCATION (City, town, or county) Harrisonville Mo	
DATE REC'D BY LOCAL REG 6/4/57		REGISTRAR'S SIGNATURE Mary L. Shell		25. FUNERAL DIRECTOR'S SIGNATURE - ADDRESS R. R. R. Harrisonville Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1931 9 30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ernest R. Zimmerman*.....

Licensed Embalmer No. *336*

P. O. Address *Harrison*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.